

# REANIM - Aquitaine Registry on Myocardial Infarction

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## General

### Identification

Detailed name Aquitaine Registry on Myocardial Infarction

Sign or acronym REANIM

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CNIL: DR-2011-437 (27/10/2011)

### General Aspects

Medical area Cardiology  
Emergency medicine

Health determinants Geography  
Healthcare system and access to health care services  
Lifestyle and behavior  
Medicine

Keywords STEMI; emergency; medical regulation; complications; morbidity; treatment; mortality

### Scientific investigator(s) (Contact)

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## Collaborations

Participation in projects, networks and consortia	Yes
Details	Cassiopée Platform, INSERM Team U897 EMOS, Methodological Health Evaluation Unit (UMES). Current projects: analysis of re-admission to hospital following interventional cardiology procedure; relevance of angioplasty procedures in stable coronary patients.

## Funding

Funding status	Public
Details	Aquitaine ARS (Regional Health Agency)

## Governance of the database

Sponsor(s) or organisation(s) responsible	CHU de Bordeaux
Organisation status	Public
Sponsor(s) or organisation(s) responsible	ISPED (Institut de santé publique, d'épidémiologie et de développement)
Organisation status	Public
Presence of scientific or steering committees	Yes

## Additional contact

## Main features

Type of database	
Type of database	Morbidity registers
Additional information regarding sample selection.	Comprehensive registry of activities.
Database objective	
Main objective	<p>To identify patients treated for STEMI within all Emergency Medical Aid Services (SAMU), Mobile Emergency and Resuscitation Services (SMUR) and Emergency Services in Aquitaine;</p> <p>To describe the priorities, time frames, approach and strategies of initial patient treatment;</p> <p>To describe the patient population treated for STEMI in sociodemographic and clinical terms;</p> <p>To ensure patient follow-up over one year in terms of cardiovascular morbidity and mortality, onset of complications and readmission to hospital.</p>
Inclusion criteria	<p>Acute coronary syndrome with ST-segment elevation or new onset of LBBB;</p> <p>Development of symptoms over less than 24 hours;</p> <p>Exclusion of CRA patients prior to completion of ECG.</p>
Population type	
Age	<p>Adulthood (19 to 24 years)</p> <p>Adulthood (25 to 44 years)</p> <p>Adulthood (45 to 64 years)</p> <p>Elderly (65 to 79 years)</p> <p>Great age (80 years and more)</p>
Population covered	Sick population
Pathology	I21 - Acute myocardial infarction
Gender	<p>Male</p> <p>Woman</p>
Geography area	Regional
French regions covered by the database	Aquitaine Limousin Poitou-Charentes
Detail of the geography area	Aquitaine
Data collection	

Dates	
Date of first collection (YYYY or MM/YYYY)	01/2012
Date of last collection (YYYY or MM/YYYY)	2015
Size of the database	
Size of the database (number of individuals)	[10 000-20 000[ individuals
Details of the number of individuals	1,500-2,000 STEMI each year
Data	
Database activity	Current data collection
Type of data collected	Clinical data Paraclinical data Biological data Administrative data
Clinical data (detail)	Direct physical measures
Paraclinical data (detail)	ECG
Biological data (detail)	Blood glucose
Administrative data (detail)	Patient identification; cardio- and neurovascular factors and history; treatment practice among emergency physicians during STEMI; complications that occurred during stay; cardio- and neurovascular morbidity and mortality; re-admission to hospital.
Presence of a biobank	No
Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services
Care consumption (detail)	Hospitalization Medicines consumption
Procedures	
Quality procedure(s) used	Data extraction check; completeness check; quality check; consistency check

Participant monitoring	Yes
Monitoring procedures	Monitoring by crossing with a morbidity register
Details on monitoring of participants	Linked to ACIRA registry on interventional cardiology and patient monitoring over one year.
Links to administrative sources	Yes
Linked administrative sources (detail)	rehospitalization, mortality

## Promotion and access

### Promotion

### Access

Presence of document that lists variables and coding procedures	Yes
Terms of data access (charter for data provision, format of data, availability delay)	By request to the technical and scientific committee for the registry.
Access to aggregated data	Access on specific project only
Access to individual data	Access on specific project only